

# BOARD LETTER: STD PROGRAM GRANT FUNDS

HIV, STD and Hepatitis Branch
Public Health Services
November 5, 2019





Today's request: Approve acceptance of grant funds from the California Department of Public Health, STD Control Branch for July 1, 2019 through June 30, 2022 for STD State Local Assistance funds in the amount of \$775,254 and Hepatitis C State Local Assistance funds in the amount of \$713,910.

Last month HSAB approved acceptance of \$1,618,445 in grant funds from the California Department of Public Health, STD Control Branch for July 1, 2019 through June 30, 2024.

The Board of Supervisors approved acceptance of \$1,045,125 in grant funds from the California Department of Public Health, STD Control Branch for the same period on May 21, 2019.



The County was notified of these additional funds on October 9 (STD) and October 15 (HCV), 2019.

50% of funds in each category must be contracted out to community organizations/institutions

Expected activities for LHJs (STD): surveillance & disease intervention; testing, treatment, navigation & linkage services; collaboratives & coalitions to further STD prevention; partnership with CBOs in implementation of prevention activities.

HSHB plans to subcontract with a CBO to conduct public health detailing on congenital syphilis and perform a focused campaign to increase awareness about congenital syphilis and the importance of prenatal syphilis testing for pregnant women.



## CORE STD PREVENTION AND CONTROL SERVICES

STD disease surveillance

Verification of appropriate STD treatment

Investigation of priority cases

Identification & notification of exposed partners and contacts to interrupt disease transmission

Health education and promotion

Enhancing awareness among medical and other service providers



2018

## Syphilis\*

- 1,079 cases
- Rate 32.3 per 100,000
- Decreased 5.3% since 2017
- Increased 3,130% since 2000

## Gonorrhea

- 6,200 cases
- Rate 185.8 per 100,000
- Increased3.4% since2017
- Increased 190.8% since 2000

## Chlamydia

- 22,098 cases
- Rate 662.1 per 100,000
- Increased5.3% since2017
- Increased 115.7% since 2000

<sup>\*</sup> Data provided are for early syphilis, which includes primary, secondary, and early latent syphilis.



## **CONGENITAL SYPHILIS (2018 DATA)**

## U.S.

- 1,306 cases
- Rate 33.1 per 100,000 live births
- 78 stillbirths,
   16 infant deaths
- Increased 185.3% since 2014

## California

- 329 cases
- Rate 68.2 per 100,000 live births
- 19 stillbirths,3 infantdeaths
- Increased 229.5% since 2014

## San Diego

- 15 cases
- Rate 35.4 per 100,000 live births
- 1 stillbirth (5 from 2014-2018)
- Increased 125.5% since 2014



## PROGRAM OUTCOMES (FY18-19)

Conducted 2,427 syphilis case & contact investigations

Processed 5,882 positive syphilis results

Conducted 269 high-risk gonorrhea investigations (HIV prevention)

Provided 246 test kits for chlamydia/gonorrhea home testing

Conducted 67 STD presentations to 1,522 people, 3 sexual health educator courses, and 14 middle/high school teacher trainings

Screened 100% of females entering juvenile detention facilities for chlamydia & gonorrhea



## **CORE HCV SERVICES**

HCV disease surveillance

Outreach

**Testing** 

Health education and promotion



#### **HCV**

In 2018, an average of 11 cases were reported each day. Underlying cause of at least 60-100 deaths annually between the years 2011-2018. 15,858 cases of HCV reported locally 2014-2018. Past treatments for HCV took 6-12 months, had significant side effects, and were only about 50% effective. Today, treatment for HCV requires 12-weeks, has minimal side effects, and a cure rate of 95%.





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#### STD SERVICES LINKAGE TO GETTING TO ZERO INITIATIVE

Assurance of HIV testing and awareness of HIV status

Linkage of HIV-negative STD cases to HIV PrEP

Assurance that HIV-positive STD cases are in care and receiving HIV treatment



CHALLENGES AND BARRIERS TO STD PREVENTION & CONTROL

Increasing morbidity  $\rightarrow$  increasing case loads for disease investigators and data entry personnel

Attitudes and beliefs about STDs in era of highly effective biomedical HIV prevention

Asymptomatic nature of many STDs (particularly extragenital gonorrhea and chlamydia)

Unequal access to and utilization of healthcare services (e.g., prenatal care)



#### SOLUTIONS TO ADDRESS BARRIERS AND CHALLENGES

Sustained increases in funding and staffing for core STD prevention and control activities and new/innovative activities (5 new positions added in FY19-20)

Frequent STD testing (link vulnerable MSM to HIV PrEP) to decrease periods of infectivity

Engage providers to conduct appropriate STD screening to detect asymptomatic infections (e.g., extragenital gonorrhea and chlamydia)

Increase awareness of STDs and available resources in vulnerable populations





